

Division of Substance Abuse
Kentucky DUI T.I.P.S. Section
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621-0001
(502) 564-9208
(502) 564-7152 FAX

DUI COMPLAINT FORM

Your Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ SSN#: _____

Name of program or person(s) complaint is against: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

County where services were provided: _____ County of conviction: _____

Conviction Date: _____ Assessment Date: _____ Amount paid to program: _____

Did you complain to the program? ☐ Yes ☐ No To Whom: _____ Date: _____

What did the program tell you? _____

What action will resolve your complaint? _____

Briefly state the facts of your complaint, a copy of your complaint will be sent to the program. (Please type or print clearly) .

Today's Date: _____ Your Signature: _____

Return the completed complaint form to address listed above.

ATTENTION CLIENT - DO NOT WRITE BELOW THIS LINE FOR PROGRAM USE ONLY

To the program: As a convenience you may use this form to notify the DSA of your position or action taken with regard to your client's complaint.
Please return to the DSA at the address listed above.

☐ Complaint resolved with client ☐ Complaint will be resolved with client ☐ Other (See Below)

Explanation: _____

Signature _____ Title _____ Date _____

ATTENTION PROGRAM: DO NOT WRITE BELOW THIS LINE FOR DSA USE ONLY

| Date Received | By | Action Taken | Date | Contact Name | Follow Up | Date | Closed By | Date |
|---------------|----|--------------|------|--------------|-----------|------|-----------|------|
| | | | | | | | | |

Comments: _____
